

1 of 2

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 10/763,340	FILING DATE					
6-15-05							APPLICANT(S)						
CLAIMS													
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2							52						
3							53						
4							54						
5							55						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

CLAIMS ONLY				Application Number 10/763,340		Filing Date	
				Applicant(s)			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
101							151
102							152
103							153
104							154
105							155
106							156
107							157
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109							159
110							160
111							161
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145							195
146							196
147							197
148							198
149							199
150							200
Total Indep	3						Total Indep
Total Depend	44						Total Depend
Total Claims	47						Total Claims